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Patent

Attorney's Docket No.: 42390P9482

In re the Application of: Kumamoto et al

(inventor(s))

Application No.: 09/741,535

Filed: December 19, 2000

For: Molded Flip Chip Package

(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

XXX No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 26	Minus	** 30	
Indep. Claims	* 2	Minus	*** 3	
	First Presentation of Multiple Dependent Claim(s)			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$
X84	\$
+280	\$
Total Add. Fee	\$ 0.00

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

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MAIL ROOM

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

_____ **A duplicate copy of this sheet is enclosed.**

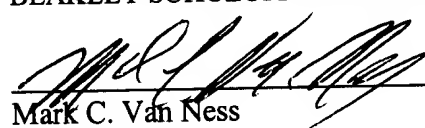
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following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 (a duplicate copy of this sheet is enclosed):

X _____ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X _____ Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: January 16, 2002



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